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CONFIRMATION NO. 5963

<b>SERIAL NUMBER</b> 10/727,328	<b>FILING OR 371(c) DATE</b> 12/03/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> 05471.00016	
<b>APPLICANTS</b> John Kirchgeorg, Milwaukee, WI; Richard C. Turner, Arlington, VA;  <b>** CONTINUING DATA *****</b> This application is a CON of 10/457,958 06/10/2003 PAT R,E38,533 which is a REI of 09/151,300 09/11/1998 PAT 6,327,497 <i>CHL 7/27/07</i>  <b>** FOREIGN APPLICATIONS *****</b> <i>NONE CHL 7/27/07</i>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Carl H. Yano</i> <i>CHL</i> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 29	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 23294					
<b>TITLE</b> Portable emergency oxygen and automatic external defibrillator (AED) therapy system					
<b>FILING FEE RECEIVED</b> 466	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		